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DATE:

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FROM:

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Pages Including This Cover Page:

3

MESSAGE:

USPTO Patent Application No. 10/726,055
Attorney Docket No. J-3619A
Filing Date: December 2, 2003
Applicants: Edward L. Paas
The following documents after this cover sheet include:
1 Page: Transmittal Form
1 Page: Authorization To Act In A Representative Capacity

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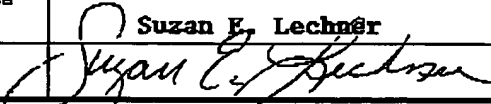
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/726,055
	Filing Date	December 2, 2003
	First Named Inventor	Edward L. Paas
	Art Unit	1744
	Examiner Name	Unknown
	Attorney Docket Number	J-3619A
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Authorization To Act In A Representative Capacity.
Remarks _____ IF THERE ARE ANY CHARGES, PLEASE CHARGE TO OUR DEPOSIT ACCOUNT NO. 10-0849.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robert A. Miller	
Signature		
Date	March 24, 2005	


CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Suzan E. Lechner	
Signature		Date March 29, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Edward L. Paas							
Application No. 10/726,055							
Filed: December 2, 2003							
Title: Floor Cleaning Device With Motorized Vibratory Head							
Attorney Docket No. J-3619A	Art Unit: 1744						
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34: Name Registration Number							
<table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>Michael J. Gratz</td><td>36,693</td></tr><tr><td>Peter J. Bausch</td><td>55,864</td></tr></tbody></table>	Name	Registration Number	Michael J. Gratz	36,693	Peter J. Bausch	55,864	
Name	Registration Number						
Michael J. Gratz	36,693						
Peter J. Bausch	55,864						
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>							
SIGNATURE of Practitioner of Record							
Signature 	Date MARCH 24, 2005						
Name Robert A. Miller	Registration No., if applicable 26,956						
Telephone 262.260.4975							

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